

HICKMAN PALERMO TRUONG & BECKER LLP
2055 Gateway Place, Suite 550
San Jose, CA 95110-1089
(408) 414-1080
Facsimile (408) 414-1076

**RECEIVED
CENTRAL FAX CENTER**

FACSIMILE

FROM:

Attorney: Brian D. Hickman Direct Phone: 408-414-1080 x201
Attorney's E-Mail: _____ Sender's Fax: San Jose, CA (408) 414-1076
Secretary: Darci Sakamoto Direct Phone: 408-414-1080x211
Client/Matter/Tkpr: 50277-1646/ 09/757,399 Date: 4/25/07 Time Sent: _____
Number of pages including this page: 2

TO:

Name	Company	Faximile No.	Contact No.
Group Art Unit 2161	USPTO	(571) 273-8300	

MESSAGE:

Please see attached Change of Correspondence Address form for the above-referenced matter number. This was mailed to the PTO on April 18, 2006 and it is still not connected to customer #42425.

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank you.

PAGE 1/2 * RCV'D AT 4/25/2007 10:40:04 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/21 * DNI\$:2738300 * CSID:4084141076 * DURATION (mm:ss):00-58

RECEIVED
CENTRAL FAX CENTER

APR 25 2007

PTO/SB/122 (01-06)

Approved for use through 12/31/2008, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/757,399
Filing Date	January 5, 2001
First Named Inventor	Gary Hellmark
Art Unit	2161
Examiner Name	Frantz Coby
Attorney Docket Number	50277-1646

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number:

42425

OR

Firm or
Individual Name

Address

City	State	Zip
------	-------	-----

Country

Telephone	Email
-----------	-------

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 45,620
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Christopher J. Brokaw

Typed or Printed Name

Telephone (408) 414-1080 ext. 225

Date August 18, 2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.